

2011 Home Health Advisory Committee Meeting
Colorado Department of Public Health and Environment
May 4, 2011

I. Introductions and Greeting: On the panel - Elaine McManis & Judy Hughes, CDPHE; Guin Blodgett, Sean-Casey King, Diana Huerta

26 members attended in person, 17 attendees joined by phone

II. Health Care Policy and Financing Updates: Guinevere Blodgett

A. Organizational changes at HCPF – the Home Health, Private Duty Nursing, and Hospice programs have moved to the Benefit Management Section. Guin is the Program Specialist, and Annie Lee is the Section Manager

B. Guin plans to do quarterly, rather than monthly meetings, as there are active task-specific subgroups. The next general meeting will be held in July.

C. Home Health Telehealth:

1. SB 07-196 included a home health telehealth component; it required budget neutrality, which may not be possible as nursing visits may increase with increased disease management. However, this client population may experience a reduction in emergency room and hospital visits. SB 10-1005 allowed for cash funds for matching to federal funds, and eliminated the budget neutrality requirement – thanks to Ellen Caruso and the Colorado Foundation for Home Care Technology and Education, as they applied for and received a grant for this purpose.

2. Guin distributed the draft Enrollment Application, and indicated that the rules would be distributed in the next 1-2 weeks.

3. Casey explained the concerns from CMS regarding the plan for monthly billing, and the resultant change to a per-diem billing process. There will only be 1 level of acuity, although that may change based on a planned program evaluation. The rate will range from \$8-10/day, and Medicaid does not reimburse for the cost of the equipment.

4. Casey indicated we are hoping for a July 1 or August 1, 2011 implementation.

5. Diana indicated that the Enrollment Application and target population were a direct result of the input we received and the survey done in 2008.

D. Guin current activities:

1. The budget task force will re-start in June

2. A PAR utilization management group has been convened, This group's goal will be to look at live PAR's to develop guidelines for HCA's and SEP's. They will also help define program specifics; e.g., brief v standard visits, medical necessity, etc.

3. She is meeting with SEP's every other month to define guidelines and standards, particularly relative to what information should be available on the 485.

4. Per Guin, Colorado is one of the few states that doesn't have a clear definition of benefits, so a Benefit Collaborative process has been initiated. The collaborative documents can be found on HCPF's website or HCA may contact Guin to get a copy from her. The information was e-mailed to all stakeholders that have provided their contact information to HCPF prior to the meeting that occurred on April 29th. The comments received at this meeting will be incorporated into the document and if needed an additional meeting will be scheduled by HCPF to review the document changes.
5. It has come to her attention that there is a problem with the payment of claims for a Brief Visit 2 for HMO clients. The incorrect edit is being fixed – in the meantime, contact Guin for problem resolution.
6. A request from SEP's – When a care plan changes, please update the case manager or approving body even if a revision is not required.
7. Audience question: There is an issue with the need for services to sometimes be delivered prior to the timeframe for a PAR review, so the HCA does not get paid for services provided. Also, the relationship of the 485 end date and the PAR date can be problematic. Guin will follow up on both issues.

III. CDPHE

- A. OASIS update – we don't have any new updates at this time – handout available from CDPHE on frequent provider questions
- B. CMS has a new way of surveying agencies, and CDPHE piloted the process a few years back. The new process has the majority of the interviewing done as the first step in the survey process. The initial interview takes about ¾ of a day on the first day of survey. There are additional changes related to the new survey processes. These changes have been issued to state agencies as an advanced draft publication. The final version has not been made public by CMS. Some surveyors have attended CMS training on the new process and have already initiated this process during survey. The remainder of the CDPHE surveyor staff will be trained on the new process through a Webinar this month, and soon all surveyors will be using this new survey process. The change to the survey process will help by initially identifying the specific agency systems up front so surveyors will know what to look for and will be able to evaluate how the agency is operating in accordance with their own policies and procedures. Audience – Asked if the survey process still required collecting paper documents from the agency. Response - the surveyors will still have to collect documentation to support the survey findings, and still have to collect this supporting documentation via paper (rather than electronic transfer).
- C. The most recent frequently cited Condition level deficiency has been the lack of physician orders. Agencies are required to get physician orders for continued episodes of care prior to commencing with the care. Audience – this is a major challenge with physicians, in spite of repeated requests, faxes, and reminders. The audience asked what other agencies best practices were. In response, agencies were encouraged to network, and to share best practices with each other.

D. The most recent frequently cited licensing deficiencies were:

1. Failure to provide the consumer with the required consumer rights and disclosure notice forms
2. Lack of appropriately qualified managers/administrators
3. Incomplete/insufficient staff training & competencies

E. Budget – the licensing portion of the program is out of funding and CDPHE has had to suspend most licensing activities, including relicensing surveys. CDPHE will be convening a new advisory committee to look at restructuring fees to better cover the licensing program workload. We will be looking to form a small diverse committee, and there will be a portal message with an invitation to apply. This committee will also be reviewing the licensing rules. Discussion ensued about agencies operating without licenses, and the lack of funding for on-site complaint investigations. CDPHE is still required to go out on complaints concerning Medicare and Medicaid certified agencies – however there are a number of complaints concerning unlicensed agencies that we are currently unable to address due to the lack of appropriate funding. The funding restrictions will not affect new companies pursuing initial licensing. Audience - Concern was expressed about any increase in fees.

F. Face-to-face: guidelines are on the CMS website, but CDPHE has been told by CMS this is not a focus area as part of the survey process. Concern was expressed that HCA are in the position of having to enforce a rule that applies to physicians, and Guin indicated she would work with her cohorts that oversee this provider group. Audience - OIG has a promotional brochure on their web site for new physicians. Possible venues for additional education might be the medical society, hospital association, and discharge planners. This is not a CDPHE survey issue, but rather one for Medicaid Program Integrity.

IV. Audience questions/concerns:

A. There is confusion re: delivery of personal care services, and a conflict in regulations, Guin will report the groups concerns, but as the waivers are not a benefit that she oversees, she was not able to provide a resolution.

B. Status of rate cuts? It is likely that there will be rate cuts, .75% for HCA and .5% for HCBS.

C. Status of Dual Eligible rule – to go to State Board May 23rd, does not fit requirements for emergency implementation. Concern expressed by audience about demand denials – it will be evaluated in one year.

D. There is a rumor that the CMS rules may be revised to allow NP and PAs to order care. This is a rumor - CDPHE has received no information to indicate CMS has changed its' stance on the requirement for orders to be obtained from a physician.

Meeting was adjourned.

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